# Department of Health & Human Services Administration for Children and Families

**Program Office:** Office of Refugee Resettlement

Funding Opportunity Title: Refugee Preventive Health Discretionary Grant Program

**Announcement Type:** Grant—Initial

**Funding Opportunity Number:** HHS-2006-ACF-ORR-RX-0101

**CFDA Number:** 93.576

**Due Date for Applications:** 02/28/2006

# **Executive Summary:**

This notice announces the availability of funds and award procedures for FY 2006 Refugee Preventive Health discretionary grants. Eligible applicants are invited to submit applications for services to refugees<sup>[1]</sup> to address health screening needs that cannot be met with other preventive health services. The Office of Refugee Resettlement (ORR) is making approximately \$4,700,000 available under this announcement. Awards will be contingent upon the outcome of the review and the availability of funds.

## I. FUNDING OPPORTUNITY DESCRIPTION

**Legislative Authority** 

<sup>&</sup>lt;sup>1</sup>Eligibility for preventive health services includes refugees, asylees, Cuban and Haitian entrants, certain Amerasians from Vietnam who are admitted to the U.S. as immigrants, certain Amerasians from Vietnam who are U.S. citizens, and victims of a severe form of trafficking who receive certification or eligibility letters from ORR. (See the section in Part I of this notice called "Legislative Authority," and refer to 45 CFR 400.43 and the ORR State Letter #01-13 on the Trafficking Victims Protection Act dated May 3, 2001, as modified by ORR State Letter 02-01, dated January 4, 2002. See <a href="http://www.acf.hhs.gov/programs/orr/policy/sl01-13.htm">http://www.acf.dhhs.gov/programs/orr/policy/sl02-01.htm</a>. The term "refugee," used in this notice for convenience, is intended to encompass all categories of individuals who are eligible to participate in the refugee program.

This Program is authorized by section 412(b)(5) of the Immigration and Nationality Act (INA), as amended (8 U.S.C. 1522(b)(5)), which authorizes the Director to provide for medical screening and initial medical treatment.

## Introduction

The Preventive Health discretionary grant program provides ORR a vehicle for ensuring that health screening is accessible to all newly arriving refugees. Eligible applicants are encouraged to consider this opportunity to complement and coordinate all available health screening resources toward increasing the capacity and cost-effectiveness for health screening programs.

# **Purpose**

This program announcement governs the availability of and award procedures for the Fiscal Year (FY) 2006 Preventive Health discretionary grant program. The purpose of these awards is to assist States and localities in providing health screenings in accordance with the *Medical Screening Protocol For Newly Arriving Refugees* (Attachment 1) and follow-up activities to newly arriving refugees for conditions of public health concern. These funds are to complement Federal, State and local resources.

Refugee health screenings are intended to identify and treat health conditions that could: 1) affect the public health or the personal well-being of refugees, and 2) impede their effective resettlement.

In making these funds available, ORR supports State level coordination of public health programs, general health screenings, and referrals for medical and mental health services.

# **Priority Area**

Refugee health screening or activities that supplement and/or complement existing refugee preventive health services.

## **Description**

ORR expects Refugee Medical Assistance (RMA) and Medicaid funds to cover the costs of most refugee health screenings. Applicants may apply for preventive health funds to complement RMA and Medicaid to ensure refugee health screenings for all or most refugees and to cover the costs associated with administering project activities.

ORR recognizes that existing resources may be inadequate to provide refugees comprehensive screening services. Therefore, applicants may apply for funding to support interpreter services and bilingual staff (matched to newly arriving populations), outreach, follow-up services and orientation to health care. Allowable activities may include, for example: informing refugees in their own language about the screening tests they receive, the results of the tests, and the need for obtaining additional care, testing and treatment for an identified health problem, and about health care providers and managed care in the United States.

The priority of the Refugee Preventive Health discretionary grant program is to ensure that eligible refugees are screened for contagious diseases and receive referrals for appropriate follow-up care. The purpose of this program is to ensure the coordination of available preventive health services for refugees, asylees, entrants and other eligible populations.

Under this announcement, applicants may request funding for health screening or activities that supplement and/or complement existing refugee preventive health services funded under Medicaid, RMA, and/or other State/local services. The description of services should include the relationship of refugee preventive health services proposed under this program to other health screening services available to refugees. In particular, the applicant must describe how these funds will fill gaps in the current array of health screening services available to refugees within their State.

Listed below are examples of allowable services. They are not intended to limit applicants from planning and designing projects that are appropriate for newly arriving refugees. Applicants may propose all or some combination of the following:

- 1. Health screening for contagious diseases (describe health screening services and/or State health protocol) with associated preventive care treatment;
- 2. Health assessments for chronic and other health conditions harmful to refugees' health;
- 3. Interpreter services;
- 4. Information and referral to other health-related agencies, such as community health centers, local clinics and Medicaid providers;
- 5. Follow-up to ensure appropriate treatment;
- 6. Health education and orientation; and,
- 7. Implementation of coordinated health projects with other Federal and State offices.

#### II. AWARD INFORMATION

**Funding Instrument Type:** Grant

**Anticipated Total Priority Area Funding:** \$4,700,000

**Anticipated Number of Awards:** 36 to 40

Ceiling on Amount of Individual Awards: \$800,000 per budget period

Floor on Amount of Individual Awards: \$50,000 per budget period

Average Projected Award Amount: \$150,000 per budget period

<b>Length of Project Periods:</b>	Length	of Proj	iect P	eriods:
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60-month project with five 12-month budget periods

# III. ELIGIBILITY INFORMATION

# 1. Eligible Applicants:

- State governments
- Others (See below)

Eligible applicants are a) those agencies of State governments that are responsible for the refugee program under 45 CFR 400.5 or such agency's designee, and b) an agency that has statewide responsibility for an alternative to the State-administered program in lieu of the State under a Wilson/Fish grant authorized by section 412(e)(7) of the INA or such agency's designee. The State or alternative agency that administers the refugee program may delegate authority to respond to this announcement to the State health agency responsible for refugee health or preventive health screening. States and State Wilson/Fish agencies may apply directly to ORR for preventive health funds on behalf of multiple local health agencies in their State. (In all cases, relevant State or local health agencies should be referenced in the State Refugee Plan (reference 45 CFR 400.5(f))). Community and faith-based organizations that meet these requirements are eligible to apply.

## 2. Cost Sharing or Matching: None

**3. Other:** If the applicant is an agency of the State government responsible for the refugee program under 45 CFR 400.5, or such agency's designee, the applicant should submit with the application a written letter from the State health agency committing to collect and report health screening data to the applicant for reporting to ORR. The letter should include a description of the relationship between the State or alternative administering agency and the designated State health agency.

If the applicant is a State health agency designated by the agency responsible for the refugee program, the applicant should submit a letter of designation, signed by the authorized representative of the State refugee program. The letter should also describe how the collection and reporting of health screening data will be reported to the refugee program agency for reporting to ORR.

# **D-U-N-S Requirement**

All applicants must have a D&B Data Universal Numbering System (D-U-N-S) number. On June 27, 2003, the Office of Management and Budget (OMB) published in the *Federal Register* a new Federal policy applicable to all Federal grant applicants. The policy requires Federal grant applicants to provide a D-U-N-S number when applying for Federal grants or cooperative agreements on or after October 1, 2003. The D-U-N-S number will be required whether an applicant is submitting a paper application or using the government-wide electronic portal, Grants.gov. A D-U-N-S number will be required for every application for a new award or renewal/continuation of an award, including applications or plans under formula, entitlement, and block grant programs, submitted on or after October 1, 2003.

Please ensure that your organization has a D-U-N-S number. You may acquire a D-U-N-S number at no cost by calling the dedicated toll-free D-U-N-S number request line at 1-866-705-5711 or you may request a number on-line at <a href="http://www.dnb.com">http://www.dnb.com</a>.

# **Disqualification Factors**

Applications that exceed the ceiling amount will be deemed non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be deemed non-responsive and will not be considered for funding under this announcement.

#### IV. APPLICATION AND SUBMISSION INFORMATION

## 1. Address to Request Application Package:

Sylvia Johnson
Department of Health and Human Services
Administration for Children and Families
Office of Grants Management
901 D Street, SW
4th Floor, West
Washington, DC 20447

Phone: 202-401-4524 Fax: 202-260-6585

Email: syjohnson@acf.hhs.gov

URL: http://www.acf.hhs.gov/programs/orr/

# 2. Content and Form of Application Submission:

# **Application Format**

Applications should be organized according to the checklist found in Section IV.3.

Each application narrative should not exceed 20 pages in a double-spaced, 12-pitch font with a minimum of one-inch margins. Attachments and appendices should not exceed 25 pages and should be used only to provide supporting documentation such as administration charts, position descriptions, resumes and letters of intent or partnership agreements. A table of contents, project abstract, budget and budget justification should be included but will not count in the page limit. Any material submitted beyond the 20 pages will not be reviewed by the review panel.

As indicated in *Section III.3*, letters of designation and description of health screening data reporting mechanisms must be provided with the application. Copies of signed letters must be attached to the applicant in either paper or electronic format, as appropriate (see *Sections III* and *VI* of this announcement).

You may submit your application in either electronic or paper format. If submitted in paper format, the submission should include the signed original, unbound copy and two additional copies. Faxed applications are not acceptable. Applications should be submitted on white 8.5 x 11 inch paper only. Do not use colored, oversized or folded materials.

## **Forms and Certifications**

The project description should include all the information requirements described in the specific evaluation criteria outlined in this program announcement under *Section V*, Application Review Information. In addition to the project description, the applicant needs to complete all of the Standard Forms required as a part of the application process for awards under this announcement.

Applicants seeking financial assistance under this announcement must file the appropriate Standard Forms (SF) as described in this section. All applicants must submit SF-424, Application for Federal Assistance. For non-construction programs, applicants must also submit SF-424A, Budget Information and SF-424B, Assurances. For construction programs, applicants must also submit SF-424C, Budget Information and SF-424D, Assurances. The forms may be reproduced for use in submitting applications. Applicants must sign and return the standard forms with their application.

Applicants must furnish prior to award an executed copy of the SF-LLL, Certification Regarding Lobbying, when applying for an award in excess of \$100,000. Applicants who have used non-Federal funds for lobbying activities in connection with receiving assistance under this announcement shall complete a disclosure form, if applicable, with their application. Applicants must sign and return the certification with their application.

Applicants must also understand that they will be held accountable for the smoking prohibition included within Public Law (P.L.) 103-227, Title XII Environmental Tobacco Smoke (also known as the PRO-KIDS Act of 1994). A copy of the *Federal Register* notice that implements the smoking prohibition is included with this form. By signing and submitting the application, applicants are providing the necessary certification and are not required to return it.

Applicants must make the appropriate certification of their compliance with all Federal statutes relating to nondiscrimination. By signing and submitting the application, applicants are providing the necessary certification and are not required to return it. Complete the standard forms and the associated certifications and assurances based on the instructions on the forms. The forms and certifications may be found at: http://www.acf.hhs.gov/programs/ofs/forms.htm.

Please see Section V.1 for instructions on preparing the full project description.

Please reference Section IV.3 for details about acknowledgement of received applications.

# **Electronic Submission**

You may submit your application to us in either electronic or paper format. To submit an application electronically, please use the <a href="http://www.Grants.gov">http://www.Grants.gov</a> site.

If you use Grants.gov, you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site. ACF will not accept grant applications via facsimile or email.

IMPORTANT NOTE: Before you submit an electronic application, you must complete the organization registration process as well as obtain and register "electronic signature credentials" for the Authorized Organization Representative (AOR). Since this process may take more than five business days, it is important to start this process early, well in advance of the application deadline. Be sure to complete all Grants.gov registration processes listed on the Organization Registration Checklist, which can be found at <a href="http://www.acf.hhs.gov/grants/registration\_checklist.html">http://www.acf.hhs.gov/grants/registration\_checklist.html</a>.

Please note the following if you plan to submit your application electronically via Grants.gov:

- Electronic submission is voluntary, but strongly encouraged.
- You may access the electronic application for this program at <a href="http://www.Grants.gov">http://www.Grants.gov</a>. There you can search for the downloadable application package by utilizing the Grants.gov FIND function.
- We strongly recommend that you do not wait until the application deadline date to begin the application process through Grants.gov. We encourage applicants that submit electronically to submit well before the closing date and time so that if difficulties are encountered an applicant can still submit a hard copy via express mail.
- To use Grants.gov, you, as the applicant, must have a D-U-N-S number and register in the Central Contractor Registry (CCR). You should allow a minimum of five days to complete the CCR registration. **REMINDER: CCR registration expires each year and thus must be updated annually.** You cannot upload an application to Grants.gov without having a current CCR registration AND electronic signature credentials for the AOR.
- The electronic application is submitted by the AOR. To submit electronically, the AOR must obtain and register electronic signature credentials approved by the organization's E-Business Point of Contact who maintains the organization's CCR registration.

- You may submit all documents electronically, including all information typically included on the SF-424 and all necessary assurances and certifications.
- Your application must comply with any page limitation requirements described in this program announcement.
- After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. ACF will retrieve your application from Grants.gov.
- ACF may request that you provide original signatures on forms at a later date.
- You will not receive additional point value because you submit a grant application in electronic format, nor will we penalize you if you submit an application in hard copy.
- If you encounter difficulties in using Grants.gov, please contact the Grants.gov Help Desk at: 1-800-518-4726, or by email at <a href="mailto:support@grants.gov">support@grants.gov</a> to report the problem and obtain assistance.
- Checklists and registration brochures are maintained at <a href="http://www.grants.gov/GetStarted">http://www.grants.gov/GetStarted</a> to assist you in the registration process.
- When submitting electronically via Grants.gov, applicants must comply with all due dates *AND* times referenced in *Section IV.3*.

## **Hard Copy Submission**

Applicants that are submitting their application in paper format should submit one original and two copies of the complete application. The original and each of the two copies must include all required forms, certifications, assurances, and appendices, be signed by an authorized representative, have original signatures, and be unbound.

#### **Non-Federal Reviewers**

Since ACF will be using non-Federal reviewers in the review process, applicants have the option of omitting from the application copies (not the original) specific salary rates or amounts for individuals specified in the application budget as well as Social Security Numbers, if otherwise required for individuals. The copies may include summary salary information.

If applicants are submitting their application electronically, ACF will omit the same specific salary rate information from copies made for use during the review and selection process.

## 3. Submission Dates and Times:

**Due Date for Applications:** 02/28/2006.

# **Explanation of Due Dates**

The due date for receipt of applications is referenced above. Applications received after 4:30 p.m., eastern time, on the due date will be classified as late and will not be considered in the current competition.

Applicants are responsible for ensuring that applications are mailed or hand-delivered or submitted electronically well in advance of the application due date and time.

#### Mail

Applications that are submitted by mail must be received no later than 4:30 p.m., eastern time, on the due date referenced above at the address listed in *Section IV.6*.

## **Hand Delivery**

Applications hand carried by applicants, applicant couriers, other representatives of the applicant, or by overnight/express mail couriers must be received on or before the due date referenced above, between the hours of 8:00 a.m. and 4:30 p.m., eastern time, at the address referenced in *Section IV.6.*, between Monday and Friday (excluding Federal holidays).

#### **Electronic Submission**

Applications submitted electronically via Grants.gov must be submitted no later than 4:30 p.m., eastern time, on the due date referenced above.

ACF cannot accommodate transmission of applications by facsimile or email.

## **Late Applications**

Applications that do not meet the requirements above are considered late applications. ACF shall notify each late applicant that its application will not be considered in the current competition.

# ANY APPLICATION RECEIVED AFTER 4:30 P.M., EASTERN TIME, ON THE DUE DATE WILL NOT BE CONSIDERED FOR COMPETITION.

## **Extension of Deadlines**

ACF may extend application deadlines when circumstances such as acts of God (floods, hurricanes, etc.) occur; when there are widespread disruptions of mail service; or in other rare cases. A determination to extend or waive deadline requirements rests with the Chief Grants Management Officer.

Receipt acknowledgement for application packages will not be provided to applicants who submit their package via mail, courier services, or by hand delivery. Applicants will receive an electronic acknowledgement for applications that are submitted via <a href="http://www.Grants.gov">http://www.Grants.gov</a>.

# Checklist

You may use the checklist below as a guide when preparing your application package.

What to Submit	Required Content	Required Form or Format	When to Submit
SF-424	See Section	See	By application

	IV.2	http://www.acf.hhs.gov/programs/ofs/forms.htm	due date.
SF-424A	See Section IV.2	See <a href="http://www.acf.hhs.gov/programs/ofs/forms.htm">http://www.acf.hhs.gov/programs/ofs/forms.htm</a>	By application due date.
SF-424B	See Section IV.2	See <a href="http://www.acf.hhs.gov/programs/ofs/forms.htm">http://www.acf.hhs.gov/programs/ofs/forms.htm</a>	By application due date.
Project Abstract	See Sections IV.2 and V	Found in Sections IV.2 and V	By application due date.
Project Description	See Sections IV.2 and V	Found in Sections IV.2 and V	By application due date.
Budget Narrative/Justification	See Sections IV.2 and V	Found in Sections IV.2 and V	By application due date.
Assurances	See Section IV.2	Found under Forms and Certifications.	By date of award.
SF-LLL Certification Regarding Lobbying	See Section IV.2	See <a href="http://www.acf.hhs.gov/programs/ofs/forms.htm">http://www.acf.hhs.gov/programs/ofs/forms.htm</a>	By date of award.
Certification Regarding Environmental	See Section	See <a href="http://www.acf.hhs.gov/programs/ofs/forms.htm">http://www.acf.hhs.gov/programs/ofs/forms.htm</a>	By date of award.

Tobacco Smoke	IV.2		
Letters of Designation and Description of Health Screening Data Reporting Mechanisms	See Section IV.2 and V	Found in Section IV.2 and V	By application due date.
Support Letters	See Section V	Found in Section V	By application due date.
Third-Party Agreements	See Section V	Found in Section V	By application due date.

# 4. Intergovernmental Review:

# **State Single Point of Contact (SPOC)**

This program is covered under Executive Order (EO) 12372, "Intergovernmental Review of Federal Programs," and 45 CFR Part 100, "Intergovernmental Review of Department of Health and Human Services Programs and Activities." Under the Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs.

As of August 1, 2005, the following jurisdictions have elected to participate in the EO process: Arkansas, California, Delaware, District of Columbia, Florida, Georgia, Illinois, Iowa, Kentucky, Maine, Maryland, Michigan, Mississippi, Missouri, Nevada, New Hampshire, New York, North Dakota, Rhode Island, South Carolina, Texas, Utah, West Virginia, Wisconsin, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and U.S. Virgin Islands. As these jurisdictions have elected to participate in the Executive Order process, they have established SPOCs. Applicants from participating jurisdictions should contact their SPOC, as soon as possible, to alert them of prospective applications and receive instructions. Applicants must submit all required materials, if any, to the SPOC and indicate the date of this submittal (or the date of contact if no submittal is required) on the Standard Form 424, item 16a.

Under 45 CFR 100.8(a)(2), a SPOC has 60 days from the application deadline to comment on proposed new or competing continuation awards. SPOCs are encouraged to eliminate the submission of routine endorsements as official recommendations. Additionally, SPOCs are requested to clearly differentiate between mere advisory comments and those official State process recommendations, which may trigger the "accommodate or explain" rule.

When comments are submitted directly to ACF, they should be addressed to the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Grants Management, Division of Discretionary Grants, 370 L'Enfant Promenade SW., 4th floor, Washington, DC 20447.

Although the remaining jurisdictions have chosen not to participate in the process, entities that meet the eligibility requirements of the program are still eligible to apply for a grant even if a State, Territory, Commonwealth, etc. does not have a SPOC. Therefore, applicants from these jurisdictions, or for projects administered by Federally recognized Indian Tribes, need take no action in regard to EO 12372.

The official list, including addresses, of the jurisdictions that have elected to participate in EO 12372 can be found on the following URL: <a href="http://www.whitehouse.gov/omb/grants/spoc.html">http://www.whitehouse.gov/omb/grants/spoc.html</a>.

# 5. Funding Restrictions:

Grant awards will not allow reimbursement of pre-award costs.

Construction and purchase of real property are not allowable activities or expenditures under this grant award.

# 6. Other Submission Requirements:

Please see Sections IV.2 and IV.3 for deadline information and other application requirements.

Submit applications to one of the following addresses:

# **Submission by Mail**

Sylvia Johnson
Department of Health and Human Services
Administration for Children and Families
Office of Grants Management
901 D Street, SW
4th Floor, West
Washington, DC 20447

# **Hand Delivery**

Sylvia Johnson
Department of Health and Human Services
Administration for Children and Families
Office of Grants Management
901 D Street, SW
4th Floor, West
Washington, DC 20447

#### **Electronic Submission**

Please see *Section IV.2* for guidelines and requirements when submitting applications electronically via http://www.Grants.gov.

#### V. APPLICATION REVIEW INFORMATION

## The Paperwork Reduction Act of 1995 (P.L. 104-13)

Public reporting burden for this collection of information is estimated to average 15 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

The project description is approved under OMB control number 0970-0139 which expires 4/30/2007.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

#### 1. Criteria:

## Part I THE PROJECT DESCRIPTION OVERVIEW

#### **PURPOSE**

The project description provides the majority of information by which an application is evaluated and ranked in competition with other applications for available assistance. The project description should be concise and complete. It should address the activity for which Federal funds are being requested. Supporting documents should be included where they can present information clearly and succinctly. In preparing the project description, information that is responsive to each of the requested evaluation criteria must be provided. Awarding offices use this and other information in making their funding recommendations. It is important, therefore, that this information be included in the application in a manner that is clear and complete.

## GENERAL EXPECTATIONS AND INSTRUCTIONS

ACF is particularly interested in specific project descriptions that focus on outcomes and convey strategies for achieving intended performance. Project descriptions are evaluated on the basis of substance and measurable outcomes, not length. Extensive exhibits are not required. Cross-referencing should be used rather than repetition. Supporting information concerning activities that will not be directly funded by the grant or information that does not directly pertain to an integral part of the grant funded activity should be placed in an appendix.

Pages should be numbered and a table of contents should be included for easy reference.

#### Part II GENERAL INSTRUCTIONS FOR PREPARING A FULL PROJECT DESCRIPTION

#### INTRODUCTION

Applicants that are required to submit a full project description shall prepare the project description statement in accordance with the following instructions while being aware of the specified evaluation criteria. The text options give a broad overview of what the project description should include while the evaluation criteria identify the measures that will be used to evaluate applications.

## PROJECT SUMMARY/ABSTRACT

Provide a summary of the project description (one page or less) with reference to the funding request.

## **OBJECTIVES AND NEED FOR ASSISTANCE**

Clearly identify the physical, economic, social, financial, institutional, and/or other problem(s) requiring a solution. The need for assistance must be demonstrated and the principal and subordinate objectives of the project must be clearly stated; supporting documentation, such as letters of support and testimonials from concerned interests other than the applicant, may be included. Any relevant data based on planning studies should be included or referred to in the endnotes/footnotes. Incorporate demographic data and participant/beneficiary information, as needed. In developing the project description, the applicant may volunteer or be requested to provide information on the total range of projects currently being conducted and supported (or to be initiated), some of which may be outside the scope of the program announcement.

## RESULTS OR BENEFITS EXPECTED

Identify the results and benefits to be derived.

Results or benefits anticipated through implementation of the project should demonstrate a cost-effective use of available resources through coordination of health screening services. Benefits may be described in the form of project outputs, such as increased coordination of health-screening resources, established information and referral mechanisms, educational and orientation activities. However, it is essential that the project application describe project outcomes which demonstrate improvement in the clients' situation described in the Objectives and Need for Assistance section, specifically the availability and quality of refugee health screening, access to and relevance of follow-up and preventive therapy treatments. For example, if base data indicate that 75 percent of arriving refugees are screened, an anticipated result might be stated: "To increase to 100 percent the number of arriving refugees who access health screening." If a stated need is insufficient capacity among local health clinics and practitioners to respond to treatment recommendations from refugees' health screening results, an outcome could be a measurable increase in such capacity. For each expected outcome or result, the application

should include outcome targets, key indicators, data sources and collection and analysis methods for measuring the outcome.

#### APPROACH

Outline a plan of action that describes the scope and detail of how the proposed work will be accomplished. Account for all functions or activities identified in the application. Cite factors that might accelerate or decelerate the work and state your reason for taking the proposed approach rather than others. Describe any unusual features of the project such as design or technological innovations, reductions in cost or time, or extraordinary social and community involvement.

Provide quantitative monthly or quarterly projections of the accomplishments to be achieved for each function or activity in such terms as the number of people to be served and the number of activities accomplished.

This section is critical to demonstrate how the project design and activities will successfully achieve stated objectives toward meeting the need described in the Objectives and Need for Assistance section. For example, the applicant should provide a comprehensive picture of health screening activities in the State and describe how Preventive Health program funding will complement public and private, Federal and local resources allocated to refugee health screening. The applicant is encouraged to provide sufficient detail in describing the coordination of program funding with other resources, specifically RMA support for health screening, and in demonstrating cooperative relationships with voluntary agency affiliates and other programs in the coordinated effort to provide health screening to all or most refugees.

When accomplishments cannot be quantified by activity or function, list them in chronological order to show the schedule of accomplishments and their target dates.

If any data is to be collected, maintained, and/or disseminated, clearance may be required from the OMB. This clearance pertains to any "collection of information that is conducted or sponsored by ACF."

Provide a list of organizations, cooperating entities, consultants, or other key individuals who will work on the project along with a short description of the nature of their effort or contribution.

#### **GEOGRAPHIC LOCATION**

Describe the precise location of the project and boundaries of the area to be served by the proposed project. Maps or other graphic aids may be attached.

## ADDITIONAL INFORMATION

The following are requests for additional information that must be included in the application:

#### STAFF AND POSITION DATA

Provide a biographical sketch and job description for each key person appointed. Job descriptions for each vacant key position should be included as well. As new key staff is appointed, biographical sketches will also be required.

#### ORGANIZATIONAL PROFILES

Provide information on the applicant organization(s) and cooperating partners, such as: organizational charts; financial statements; audit reports or statements from Certified Public Accountants/Licensed Public Accountants; Employer Identification Number(s); contact persons and telephone numbers; names of bond carriers; child care licenses and other documentation of professional accreditation; information on compliance with Federal/State/local government standards; documentation of experience in the program area; and, other pertinent information.

If the applicant is a non-profit organization, it should submit proof of its non-profit status in its application. The non-profit agency can accomplish this by providing any one of the following: a) a reference to the applicant organization's listing in the IRS's most recent list of tax-exempt organizations described in the IRS Code; b) a copy of a currently valid IRS tax exemption certificate; c) a statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrues to any private shareholders or individuals; d) a certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status; e) any of the items immediately above for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

## THIRD-PARTY AGREEMENTS

Provide written and signed agreements between grantees and subgrantees, or subcontractors, or other cooperating entities. These agreements must detail the scope of work to be performed, work schedules, remuneration, and other terms and conditions that structure or define the relationship.

## LETTERS OF SUPPORT

Provide statements from community, public, and commercial leaders that support the project proposed for funding. All submissions should be included in the application package or by the application deadline.

## **BUDGET AND BUDGET JUSTIFICATION**

Provide a budget with line item detail and detailed calculations for each budget object class identified on the Budget Information Form (SF-424A or SF-424C). Detailed calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient for the calculation to be duplicated. If matching is a requirement, include a breakout by the funding sources identified in Block 15 of the SF-424.

Provide a narrative budget justification that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

#### **GENERAL**

Use the following guidelines for preparing the budget and budget justification. Both Federal and non-Federal resources (when required) shall be detailed and justified in the budget and budget narrative justification. "Federal resources" refers only to the ACF grant funds for which you are applying. "Non-Federal resources" are all other non-ACF Federal and non-Federal resources. It is suggested that budget amounts and computations be presented in a columnar format: first column, object class categories; second column, Federal budget; next column(s), non-Federal budget(s); and last column, total budget. The budget justification should be in a narrative form.

#### **PERSONNEL**

Description: Costs of employee salaries and wages.

Justification: Identify the project director or principal investigator, if known at the time of application. For each staff person, provide: the title; time commitment to the project in months; time commitment to the project as a percentage or full-time equivalent; annual salary; grant salary; wage rates; etc. Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant.

#### FRINGE BENEFITS

Description: Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

Justification: Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, FICA, retirement insurance, taxes, etc.

## **TRAVEL**

Description: Costs of project-related travel by employees of the applicant organization. (This item does not include costs of consultant travel).

Justification: For each trip show: the total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances. Travel costs for key staff to attend ACF-sponsored workshops should be detailed in the budget.

# **EQUIPMENT**

Description: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the organization's regular written accounting practices.)

Justification: For each type of equipment requested provide: a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use on the project; as well as use and/or disposal of the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition.

## **SUPPLIES**

Description: Costs of all tangible personal property other than that included under the Equipment category.

Justification: Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

#### CONTRACTUAL

Description: Costs of all contracts for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third party evaluation contracts, if applicable, and contracts with secondary recipient organizations, including delegate agencies and specific project(s) and/or businesses to be financed by the applicant.

Justification: Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open and free competition. Recipients and subrecipients, other than States that are required to use 45 CFR Part 92 procedures, must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed at 41 USC 403(11), currently set at \$100,000.

Recipients might be required to make available to ACF pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc.

Note: Whenever the applicant intends to delegate part of the project to another agency, the applicant must provide a detailed budget and budget narrative for each delegate agency, by agency title, along with the required supporting information referred to in these instructions.

## **OTHER**

Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: insurance; food; medical and dental costs (noncontractual); professional services costs; space and equipment rentals; printing and publication; computer use; training costs, such as tuition and stipends; staff development costs; and administrative costs.

Justification: Provide computations, a narrative description and a justification for each cost under this category.

## **INDIRECT CHARGES**

Description: Total amount of indirect costs. This category should be used only when the applicant currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant Federal agency.

Justification: An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. If the applicant organization is in the process of initially developing or renegotiating a rate, upon notification that an award will be made, it should immediately develop a tentative indirect cost rate proposal based on its most recently completed fiscal year, in accordance with the cognizant agency's guidelines for establishing indirect cost rates, and submit it to the cognizant agency. Applicants awaiting approval of their indirect cost proposals may also request indirect costs. When an indirect cost rate is requested, those costs included in the indirect cost pool should not be charged as direct costs to the grant. Also, if the applicant is requesting a rate that is less than what is allowed under the program, the authorized representative of the applicant organization must submit a signed acknowledgement that the applicant is accepting a lower rate than allowed.

#### PROGRAM INCOME

Description: The estimated amount of income, if any, expected to be generated from this project.

Justification: Describe the nature, source and anticipated use of program income in the budget or refer to the pages in the application that contain this information.

## NON-FEDERAL RESOURCES

Description: Amounts of non-Federal resources that will be used to support the project as identified in Block 15 of the SF-424.

Justification: The firm commitment of these resources must be documented and submitted with the application so that the applicant is given credit in the review process. A detailed budget must be prepared for each funding source.

TOTAL DIRECT CHARGES, TOTAL INDIRECT CHARGES, TOTAL PROJECT COSTS

#### **EVALUATION CRITERIA:**

The following evaluation criteria appear in weighted descending order. The corresponding score values indicate the relative importance that ACF places on each evaluation criterion; however, applicants need not develop their applications precisely according to the order presented. Application components may be organized such that a reviewer will be able to follow a seamless and logical flow of information (i.e., from a broad overview of the project to more detailed information about how it will be conducted).

In considering how applicants will carry out the responsibilities addressed under this announcement, competing applications for financial assistance will be reviewed and evaluated against the following criteria:

## APPROACH - 30 points

The application will be evaluated to the extent that the applicant has provided: a comprehensive picture of health screening activities in the geographic area, how refugees are referred to providers, the number, locations and qualifications of providers; the number of refugees receiving health screening annually, in whole numbers and as a percentage of total arrivals; and, the number and types of activities performed in a standardized health screening (10 pts.).

The application will be evaluated to the extent that the applicant has clearly described: the specific strategies and the proposed services to meet the needs of the target population; the methods proposed to ensure that refugees start and complete immunizations and preventive therapy treatments; and the relevance of available medical services to meet the need for follow-up treatment (10 pts.).

The application will be evaluated to the extent that the applicant has included: evidence of working relationships with State and local health agencies, as well as state refugee agencies, voluntary agencies, Mutual Assistance Associations (MAAs), and community and faith-based agencies. Such evidence would include a written Memorandum of Understanding/Agreement and/or written contractual instruments (10 pts.).

# RESULTS OR BENEFITS EXPECTED - 20 points

The application will be evaluated to the extent that the applicant has provided: specific client-based outcomes that show improvement in the refugees' situation, i.e., access to health screening and follow-up preventive treatment; outcome targets such as the number and percent of clients projected to achieve each outcome; indicators of success for each outcome, along with data source, data collection and analysis methods, and time frames (10 pts.).

The application will be evaluated to the extent that the applicant has proposed results that are realistic and attainable and the timeline and expected outcomes of the project are appropriate and reasonable (10 pts.).

# OBJECTIVES AND NEED FOR ASSISTANCE - 20 points

The application will be evaluated to the extent that the applicant has: proposed discrete objectives related to needs assessed in the project planning; described methods employed for assessing the needs; and demonstrated the relevance of objectives to meet the needs the project will address (10 pts.).

The application will be evaluated to the extent that the applicant has described: the target refugee population(s), including their numbers, national origin and other pertinent information; the services and activities proposed to meet the objectives; and the extent to which other sources of funding, including RMA and Medicaid, will be used in relation to services supported by proposed funding (10 pts.).

# **BUDGET AND BUDGET JUSTIFICATION - 15 points**

The application will be evaluated to the extent that the applicant has demonstrated the cost effectiveness of the program and discussed how requested funds and proposed activities will complement other funded health-related services (5 pts.).

The application will be evaluated to the extent that the applicant has proposed: a budget that is reasonable and includes a detailed line-item budget and narrative justification; project services and expected outcomes that are justified and reasonable; and the necessity, reasonableness, and allocability of proposed costs (10 pts.).

## ORGANIZATIONAL PROFILES - 10 points

The application will be evaluated to the extent that the applicant has described the relationship between the State or alternative administering agency and the designated State health agency, and how the collection and reporting of health screening data will be reported to the refugee program agency. (5 pts.)

The application will be evaluated to the extent that the applicant has demonstrated organizational experience and project management capability and presented organizational charts that depict agency and staff roles and responsibilities, as well as any partnerships with outside organizations (5 pts.).

# STAFF AND POSITION DATA - 5 points

The application will be evaluated to the extent that the applicant has described in detail the professional qualifications of medical providers who will be responsible for refugee health screenings, and provided resumes of key project staff, demonstrating appropriate professional background, work experience, and linguistic and cultural capacity to serve clients.

#### 2. Review and Selection Process:

No grant award will be made under this announcement on the basis of an incomplete application.

Each application, regardless of the number of projects therein, will be rated and scored by an independent review panel using the above evaluation criteria. The review panel will comprise external peers and Federal agency personnel. Federal and non-Federal reviewers will be used in the review and selection process.

Please reference Section IV.2 for information on non-Federal reviewers in the review process.

# **Approved but Unfunded Applications**

Applications that are approved but unfunded may be held over for funding in the next funding cycle, pending the availability of funds, for a period not to exceed one year.

# 3. Anticipated Announcement and Award Dates:

ORR anticipates notifying successful applicants and having awards in place by July 1, 2006.

## VI. AWARD ADMINISTRATION INFORMATION

# 1. Award Notices:

The successful applicants will be notified through the issuance of a Financial Assistance Award document which sets forth the amount of funds granted, the terms and conditions of the grant, the

effective date of the grant, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. The Financial Assistance Award will be signed by the Grants Officer and transmitted via postal mail.

Organizations whose applications will not be funded will be notified in writing.

# 2. Administrative and National Policy Requirements:

Grantees are subject to the requirements in 45 CFR Part 74 (non-governmental) or 45 CFR Part 92 (governmental).

Direct Federal grants, sub-award funds, or contracts under this ACF program shall not be used to support inherently religious activities such as religious instruction, worship, or proselytization. Therefore, organizations must take steps to separate, in time or location, their inherently religious activities from the services funded under this program. Regulations pertaining to the Equal Treatment for Faith-Based Organizations, which includes the prohibition against Federal funding of inherently religious activities, can be found at the HHS web site at <a href="http://www.os.dhhs.gov/fbci/waisgate21.pdf">http://www.os.dhhs.gov/fbci/waisgate21.pdf</a>.

# 3. Reporting Requirements:

Grantees will be required to submit program progress and financial reports (SF-269 found at <a href="http://www.acf.hhs.gov/programs/ofs/forms.htm">http://www.acf.hhs.gov/programs/ofs/forms.htm</a>) throughout the project period. Program progress and financial reports are due 30 days after the reporting period. Final programmatic and financial reports are due 90 days after the close of the project period.

Program Progress Reports: Semi-Annually

Financial Reports: Semi-Annually

# VII. AGENCY CONTACTS

## **Program Office Contact:**

Marta Brenden, Project Officer Division of Refugee Assistance Office of Refugee Resettlement Administration for Children and Families 370 L'Enfant Promenade, SW Aerospace Center, 8th Floor Washington, DC 20447 Phone: 202-205-3589

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Email: mbrenden@acf.hhs.gov

## **Grants Management Office Contact:**

Sylvia Johnson Department of Health and Human Services Administration for Children and Families Office of Grants Management 901 D Street, SW 4th Floor, West Washington, DC 20447

Phone: 202-401-4524 Fax: 202-260-6585

# VIII. OTHER INFORMATION

**Date:** 12/20/2005

Nguyen Van Hanh, Ph.D. Director Office of Refugee Resettlement